

SECTION A — IDENTIFICATION						FORM CD-370 (Rev. 9-03)	U.S. DEPARTMENT OF COMMERCE		
SOCIAL SECURITY NUMBER		NAME (Last) (First) (Middle Initial)				TRAVEL VOUCHER			
BUREAU CODE	CD-29 TRAVEL ORDER	DATES FOR TRAVEL EXPENSES		TYPE CODE <small>(Indicate One Type Only)</small> 1 -DOMESTIC TRAVEL — 48 2 -FOREIGN TRAVEL 3 -TRANSFER HOUSEHUNT 4 -TRANSFER OTHER 6 -DOMESTIC TRVL — OTHER	RECLAIM AMOUNT INCLUDED	MAILING ADDRESS OF CHECK			
	PURPOSE CODE	FROM	THRU			SALARY CHECK ADDRESS <input type="checkbox"/>			
		MO	DAY	YEAR	MO	DAY	YEAR	SPECIAL ADDRESS (Non-Government Traveler or New Hire)	
ORGANIZATION			OFFICIAL DUTY STATION (City and State)			RESIDENT CITY AND STATE (If other than Official Duty Station)			
SECTION B — TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship)						SECTION D — CLAIMS			
AMOUNT	VENDOR	NUMBER OF TRAVELERS	CLASS	FROM	EXPLANATION OF TRAVEL TO			FINANCE USE	
1. \$						1. PER DIEM	[]	\$	
2. \$						NO. DAYS			
3. \$						2. MILEAGE	[]		
4. \$						TOTAL MILES			
\$	← TOTAL — SECTION B				IMPORTANT: Return unused tickets to your travel services provider.				
SECTION C — ACCOUNTING CLASSIFICATION CODE (Reimbursable Expenses)						3. OTHER TRAVEL			
<small>(Distribute Total Claim Amount from Section D to the Applicable Accounting Classification Code(s) as Indicated on the Travel Order)</small>						4. CAR RENTAL (Paid by Traveler)			
FCFY (xxxx)	PROJECT-TASK (xxxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)	CLAIM AMOUNT		5. COMMON CARRIER TRANSPORTATION			
1.					\$	6. ACTUAL SUBSISTENCE			
2.						NO. DAYS []			
3.						7. MISCELLANEOUS EXPENSES			
4.						8. REAL ESTATE EXPENSE (Form CD-371)			
5.						9. TEMPORARY QUARTERS (Form CD-372)			
6.						10. RELOCATION INCOME TAX ALLOWANCE []			
7.						11. TOTAL CLAIM (Lines 1 thru 10)		\$	
TOTAL CLAIM AMOUNT (This Amount Must Agree with Block 11) →									
SECTION E — CERTIFICATIONS						12. TRAVEL ADVANCE AMOUNT OUTSTANDING			
FRAUDULENT CLAIM — Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).						13. AMOUNT OF VOUCHER (Line 11) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 12)			
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE						14. ADDITIONAL ADVANCE AMOUNT REPAYED (Check or money order attached)			
I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (41 CFR 101-41.203-2). I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.				CLAIMANT'S SIGNATURE		15. REMAINING ADVANCE BALANCE (Line 12 minus Line 13 minus Line 14)			
				DATE	PHONE (Area Code and Number)		16. NET TO TRAVELER (Line 11 minus Line 13)		\$
PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR, Chapters 300-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.						AUDITED BY (Examiner's Initials)		TOTAL DIFFERENCE	
						APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE			
In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only. (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage. (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government.				NAME AND TITLE (Type or Print)					
				DATE	PHONE (Area Code and Number)				
<input type="checkbox"/> CD-29 ATTACHED <input type="checkbox"/> CD-29 SUBMITTED WITH PREVIOUS VOUCHER									

TRAVELER'S NAME			FORM CD-370 (Rev. 9-03)														U.S. DEPARTMENT OF COMMERCE			
			SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED																	
DATES →			MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	TOTALS	
ITINERARY	FROM	CITY AND STATE																	TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370A)	
		TIME (a.m. or p.m.)																		
		CARRIER																		
		FLIGHT NUMBER																		
	TO	CITY AND STATE																		
		TIME (a.m. or p.m.)																		
1. PER DIEM	M&IE																	1. TOTAL NO. DAYS		
	LODGING AMOUNT																	TOTAL PER DIEM CLAIM		
	TOTAL																	\$		
2. POV	MILEAGE																	2. TOTAL NO. MILES		
	CENTS PER MILE																	TOTAL MILEAGE AMOUNT		
	AMOUNT																	\$		
3. OTHER TRAVEL	PARKING, TOLLS, ETC.																	3. TOTAL OTHER TRAVEL		
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS			ACTUAL CHARGES			COMMUTED RATE			CLAIM LESSER AMOUNT						\$		
4. CAR RENTAL	(Receipt and Car Rental Agreement Required)																	4. TOTAL CAR RENTAL		
5. COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)																5. TOTAL COMMON CARRIER		
		NO. OF TRIPS																		
	TAXI, LIMO, LOCAL BUS, SUBWAY	DAILY EXPENSE																		
		TRANSPORTATION OF HOUSEHOLD GOODS — PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED			COMMUTED RATE			TOTAL			ADDITIONAL ALLOWANCES			TOTAL TRANSPORTATION OF HOUSEHOLD GOODS			\$	
6. ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)																	6. TOTAL NO. DAYS		
	LUNCH (Include Tips)																			
	DINNER (Include Tips)																			
	LODGING (Receipt Required)																			
	TIPS (Porter, etc.)																			
	OTHER (Laundry, etc.)																			
TOTAL (Cannot exceed amount authorized. See DOC Travel Handbook.)																	TOTAL ACTUAL SUBSISTENCE			
7. MISCELLANEOUS EXPENSES	(Supplies, Telephone, Lodging Taxes, Laundry, etc.)																	7. TOTAL MISC.		
																		\$		
REMARKS/ EXPLANATION/CERTIFICATION STATEMENTS																				

TRAVELER'S NAME			FORM CD-370A (Rev. 9-03) TRAVELER VOUCHER — CONTINUATION SHEET (Schedule of Expenses and Amounts Claimed)												U.S. DEPARTMENT OF COMMERCE					
DATES →			MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	TOTALS	
I T I N E R A R Y	F R O M	CITY AND STATE	-----		-----		-----		-----		-----		-----		-----		-----		TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370A)	
		TIME (a.m. or p.m.)																		
		CARRIER																		
	T O	CITY AND STATE	-----		-----		-----		-----		-----		-----		-----		-----			
		TIME (a.m. or p.m.)																		
1. P E R D I E M	M&IE																		1. TOTAL NO. DAYS	
	LODGING AMOUNT																		TOTAL PER DIEM CLAIM	
	TOTAL																		\$	
2. P O V	MILEAGE																		2. TOTAL NO. MILES	
	CENTS PER MILE																		TOTAL MILEAGE AMOUNT	
	AMOUNT																		\$	
3. O T H E R T R A V E L	PARKING, TOLLS, ETC.																		3. TOTAL OTHER TRAVEL	
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS		ACTUAL CHARGES		COMMUTED RATE								CLAIM LESSER AMOUNT				\$	
4. C A R R E N T A L	<i>(Receipt and Car Rental Agreement Required)</i>																		4. TOTAL CAR RENTAL	
5. C O M M O N C A R R I E R	PLANE, BUS, TRAIN <i>(Paid by Traveler)</i>	AMOUNT <i>(Receipt Required)</i>																		
		NO. OF TRIPS																		
	TAXI, LIMO, LOCAL BUS, SUBWAY	DAILY EXPENSE																	5. TOTAL COMMON CARRIER	
		TRANSPORTATION OF HOUSEHOLD GOODS — PAID BY TRAVELER <i>(Weight Cert. or Bill of Lading Required)</i>	TOTAL WEIGHT OF GOODS SHIPPED		COMMUTED RATE		TOTAL		ADDITIONAL ALLOWANCES		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS								\$	
6. A C T U A L S U B S I S T E N C E	BREAKFAST <i>(Include Tips)</i>																			
	LUNCH <i>(Include Tips)</i>																			
	DINNER <i>(Include Tips)</i>																			
	LODGING <i>(Receipt Required)</i>																		6. TOTAL NO. DAYS	
	TIPS <i>(Porter, etc.)</i>																		TOTAL ACTUAL SUBSISTENCE	
	OTHER <i>(Laundry, etc.)</i>																		\$	
7. M I S C E L L A N E O U S E X P E N S E S	<i>(Supplies, Telephone, Lodging Taxes, Laundry, etc.)</i>																		7. TOTAL MISC.	
																			\$	
REMARKS/ EXPLANATION/CERTIFICATION STATEMENTS																				